State law requires certification by the owner or offici-	ally authorized representative. Please print all information except signature.
Name of property	
Property address	
Type of project or building	
Owner(s) Name(s)	
All information, including the accompanying schedules an true, correct, and complete.	d statements, has been examined by me and to the best of my knowledge and belief a
Management firm	Phone
Address	
Date Signature	Title
Print Name	E-mail
A. ANNUAL OPERATING INCOME (Calendar Year 202	1)
1 Potential gross rent (100% occupancy) 2 Rental income – minimum 3 Rental income - overage	
B. OPERATING EXPENSES (Calendar Year 2021)	
16 Maintenance Expenses: 17 Roof repair 18 Building 19 Parking lot 20 Utilities 21 Security 22 Enclosed mall - HVAC 23 Snow removal 24 Trash removal 25 Landscaping 26 Elevator/escalator	

27 Total Maintenance Expenses (Sum of Lines 17-26)

F T G. [Fotal Capital Cost: DEBT SERVICE — P Loan Amount		ion regarding any loan Term	placed on this property Interest Rate (%)	within the last 5 year Payment (P&I)	Payment Frequency (Month or Year)
F	•		ion regarding any loan	placed on this property	y within the last 5 year	s.
F	Total Capital Cost	\$				
I*				n calendar years 2020 8		
			•	ons during the reporting ist of improvements on		☐ Yes ☐ No
		•	S	Appraisal Date	· 12	7 v
3. F	Has there been a	orofessional appraisal o	on this property in the	last five year? 🔲 Ye	es 🗖 No	
	the lease duration collections.	, minimum and overag	e rent, escalation char	ges, total receipts, perc	entage basis, area cha	rges, and other
				e sure the rent roll inclu		
			der pertinent to the va	luation of the property.		
F. A D	ODITIONAL INFOR	RMATION				
Date			Price \$			
	.=.	<u>N</u> (applicable if the pro		He last 3 years)		
E 64	ALEC INFORMATIO	M (applicable if the	anarty transformed in t	ho last 2 vaars)		
	·				·	
		uction costs when built chased				
		<u>N</u> (applicable if proper				
ASKIII	ig rent per square	TOOL TOT VACATIL SPACE.				Si
	_	rea vacants foot for vacant space.				SF SF
	·	otal floor area designed		-		SF
		total floor space)				SF
C. LE	ASING INFORMA	TION				
3	9 NET OPERATIN	G INCOME (Line 15 mi	nus Line 38)			
3	8 TOTAL OPERA	TING EXPENSES (Sum o	f Lines 27 and Lines 34	4-37)		
3	7 Real Estate Tax	æs				
3	6 Total Liability	and Other Insurance				
3	5 Total Advertisi	ng and Promotions Exp	penses			
3	4 Total General	and Administrative Exp	enses (Sum Lines 29-3	33)		
		services			·	
		owance oll and benefits				
		nt fees				
	serierai and Admi					
(G	General and Admi	nistrative)				